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Overall progress achieved since the United Nations Conference on Environment and Development

Report of the Secretary-General

Addendum

Protecting and promoting human health*

(Chapter 6 of Agenda 21)

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INTRODUCTION

1. The present report reviews progress made in the implementation of the objectives set out in chapter 6 of Agenda 21 (Protecting and promoting human health),[1] taking into account the decisions taken by the Commission on Sustainable Development on this subject in 1994 at its second session.

I. SELECTING KEY OBJECTIVES

2. Principle 1 of the Rio Declaration on Environment and Development[2] states that:

> "Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature."

3. To achieve this goal, it is essential that health be fully incorporated in global, national and local sustainable development plans. The health component of such plans should address the key objectives spelled out in chapter 6 of Agenda 21, namely (a) meeting primary health care needs, particularly in rural areas, (b) control of communicable diseases, (c) protecting vulnerable groups, (d) meeting the urban health challenge and (e) reducing health risks from environmental pollution and hazards.

4. The Commission on Sustainable Development, in its decision in 1994 concerning human health, added important new concerns, for example, the need to change consumption and production patterns to ensure that products and production processes with adverse health and environmental effects gradually disappear. It also, inter alia, called for the integration of health into environmental impact assessment procedures and establishing adequate structures for environmental health services at the local level.

5. The Commission on Sustainable Development also identified five priority areas for Inter-Agency Committee on Sustainable Development (IACSD) consideration: (a) supporting countries in development of national environmental health plans as part of national sustainable development programmes; (b) extending scientific and public understanding of the cumulative effects of chemicals in consumer products, plant- and animal-based food, water, soil and air on human health; (c) determining mechanisms that identify and control newly emerging infectious diseases and their possible environmental linkages; (d) providing a status report on the health implications of the depletion of the ozone layer; and (e) developing an effective and efficient environmental health information system.

6. For the purposes of this summary report, the following key objectives have been selected for presentation:

(a) Incorporating health in sustainable development plans;

(b) Establishing adequate structures for environmental health services at the local level;

(c) Developing an effective and efficient environmental health information system;

(d) Incorporating health in environmental impact assessments;

(e) Health implications of climate change and depletion of the ozone layer;

(f) Protecting the food supply from environmental hazards;

(g) Extending understanding of the cumulative effects of chemicals;

(h) Environmental determinants of emerging (and re-emerging) diseases.

7. Each of these objectives appears in the following sections only when there is something to be reported.

II. REPORTING ON AND ANALYSING SUCCESS

A. Incorporating health in sustainable development plans

National

8. Just over one third of the 74 countries that reported on progress to the Commission on Sustainable Development have incorporated health into their reports. Different approaches are being used for promoting health sector involvement with other sectors in addressing health and environment-related issues. In some countries, health and environment-related plans have been prepared for inclusion in the national plans for sustainable development. In others, sectoral plans have been reviewed and modified to include health and environment-related concerns.

Local

9. A dramatic result of the Rio Conference has been the large number of local Agenda 21 initiatives, especially in cities but also in villages and even islands. Many of these feature health and health-related objectives and activities. The World Health Organization (WHO)/Regional Office for the Americas (AMRO) is promoting the concept of and methodologies for primary environmental health care, aiming at a larger and more systematic community participation in the focus of attention on environmental health risks. A parallel and closely related initiative has been the Healthy Cities movement. Examples from all continents, all involving networks of municipal authorities, professionals and citizen groups, were considered at the United Nations Conference on Human Settlements (Habitat II) "Dialogue on creating healthy cities in the twenty-first century. Much has been learned about how to promote health in cities by building on local resources and capacities, and linking such actions to local Agenda 21. The local Agenda 21 planning guide, prepared in

1996, makes explicit many health and health-related issues that should be taken into account in the steps of community-based issue analysis, drawing in some instances from the case studies included.

B. Health implications of climate change and depletion of the ozone layer

10. Documentation concerning specific health and environment linkages have been prepared since Rio. One of these concerns the impact of climate change on human health. This was addressed by a task group for WHO, the World Meteorological Organization (WMO) and the United Nations Environment Programme (UNEP) and a monograph on this subject has been published which examines in considerable detail the potential implications of major components of climate change, including those associated with the depletion of the ozone layer.

11. WHO, WMO, UNEP and the International Commission on Non-Ionizing Radiation Protection (ICNIRP) have issued a joint recommendation concerning the Global Solar UV Index which provides information in regard to raising public awareness of the potential harm of exposure to sun and to alerting people to the need to adopt protective measures. These agencies have also initiated a multi-centre international research project to measure more accurately the harmful effects of excessive solar ultraviolet (UV) radiation on the eyes and skin.

C. Protecting the food supply from environmental hazards

12. Since 1962, the Food and Agriculture Organization of the United Nations (FAO)/WHO Codex Alimentarius Commission has developed an impressive body of food standards, guidelines and other recommendations which includes, inter alia, maximum limits on pesticides, contaminants and other hazards. While non-compulsory, the work of Codex has been widely accepted because it is based on sound scientific risk assessment. With the successful conclusion of the General Agreement on Tariffs and Trade (GATT) Uruguay Round of multilateral trade negotiations which established the World Trade Organization on 1 January 1995, Codex recommendations related to health and safety are recognized by the World Trade Organization as representing the international consensus in respect of the evaluation of the appropriateness of national health and safety requirements. Consequently, the Codex has become the basis for the international harmonization that will serve to promote protection of the consumer from environmental hazards while facilitating international trade in food.

III. PROMISING CHANGES

A. Incorporating health in sustainable development plans

13. The call for health for all by the year 2000 has provided a motivational and unifying concept in international health development. Recognizing that "health for all" still serves as an inspirational goal for all countries, WHO has initiated a process for renewing the health for all strategy. The process

itself will lead to an improved understanding of the obstacles to achieving the objectives agreed upon at Rio and other major United Nations conferences, and will lead countries to formulate new strategies that are based upon equity and human rights.

14. Regional conferences have brought together ministers of health and the environment and have led to further commitments to attaining long-term environment and health policy objectives. The second European Conference on Environment and Health, which was held in Helsinki in 1994, developed a framework for the environmental health actions in Europe including a guide for the development of national plans of action. The target date for establishing these action plans is 1997.

15. The Pan American Conference on Health and Environment in Sustainable Human Development was organized by WHO's American region in October 1995. This Conference adopted the Pan American Charter on Health and Environment in Sustainable Human Development and a Regional Work Plan. Another outcome has been the proposed development of a Regional Plan for Investment in the Environment and Health (PIAS) which identifies the investment in the region over the next 12 years needed to overcome deficiencies in the health services infrastructure, the drinking-water supply and basic sanitation.

16. The second Conference on Health, Environment and Development of the Eastern Mediterranean Region held in November 1995 adopted the Beirut Declaration on Action for a Healthy Environment, in which countries pledged, inter alia, to prepare their action plans for health and environment as part of their sustainable development plan no later than 1999.

17. The ministers for the environment of the seven major industrialized nations (G-7), who met in May 1996, decided, for the first time, to give priority to the relation of health and environment so as to highlight the fact that the protection of public health has been and remains a fundamental objective of environmental policies (see document A/51/208-S/1996/543, annex I).

B. Establishing adequate structures for environmental health services at the local level

18. Africa has the most pressing water supply and sanitation needs in the world. Despite large investments in the sector during the International Drinking Water Supply and Sanitation Decade (1981-1990), these needs are still important. A major obstacle is the difficulty of ensuring the sustainability of services once they are in place. The Africa 2000 initiative was launched in 1994 to help overcome this obstacle and to accelerate sector development through increased investment and better use of funds. A key feature of this initiative is its emphasis on a participatory approach to improved water supply and sanitation in rural areas. Another key aspect of Africa 2000 is its focus on operation, maintenance and management of urban and rural water supply and sanitation facilities. Different tools have been developed and their testing has been initiated.

19. At Habitat II, a new global agenda[3] for sustainable human settlements development, which recognizes the need for an increased role for local authorities in sustainable development, was agreed to. A much greater readiness of national Governments to consult with them in development planning was apparent. This has led to the planning of a series of consultations with local government organizations (notably, the Group of 4 +, the International Union of Local Authorities (IULA), UTA, and the Regional Network of Local Authorities for the Management of Human Settlements in Asia and the Pacific (CITYNET), among others), which represent thousands of cities and local authorities worldwide, to promote health in their planning and management activities using Healthy City/Healthy Village-type approaches.

20. High refugee concentrations, sometimes occurring rapidly, are increasingly becoming a feature of local situations. They often lead to degradation of renewable natural resources which contributes to health risks of many kinds: food shortage, contaminated drinking water, dust and smoke, and increased disease-carrying vector-breeding. The Office of the United Nations High Commissioner for Refugees (UNHCR), jointly with the International Federation of Red Cross and Red Crescent Societies and WHO is preparing a practical guide to environmental health management in disasters and emergencies. UNHCR has recently published a document on environmental guidelines that specifically addresses the issue of impacts on the health of refugees due to environmental problems.

C. Developing an effective and efficient environmental health information system

21. Capacity-building, methodology development and improved information access, which are essential for the success of any local initiative, are the focus of the WHO initiative Information for Decision-making in Environment and Health (IDEAH). Indicators are developed for the major links between key economic and environmental driving forces and health effects. These linkages can then be analysed to help local authorities plan more effective action.

22. In the American region, a project is in process that aims at integrating the different existing databases relevant to environmental health. The Latin American and Caribbean Health Services Information Center (BIREME), the Pan American Center for Sanitary Engineering and Environmental Services (CEPIS) and the Pan American Center for Human Ecology and Health (ECO) are participating in this effort. ECO is a source of much technical information; CEPIS manages the Pan American Information Network on Environmental Health. The last-mentioned can be accessed through the Internet.

D. Incorporating health in environmental impact assessments

23. The WHO, FAO, UNEP and United Nations Centre for Human Settlements (Habitat) Panel of Experts on Environmental Management of Vector Control (PEEM) promotes incorporation of health concerns within the context of developmental projects. Various guidelines have been prepared outlining how development project planners should incorporate health in their impact assessments.

24. In line with relevant decisions taken by the European Environment and Health Committee, concrete steps are being taken under the Convention on Environmental Impact Assessment in a Transboundary Context to integrate the health component into the environmental impact assessment (EIA) procedure.

25. There are a growing number of development projects in which health needs of the population in the project areas are being given greater prominence. One recent development is the inclusion of a human health component in the wetlands conservation programme of the World Conservation Union (WCU). Another is FAO's promoting the findings of the PEEM programme in the construction and management of irrigation systems to reduce the likelihood of creating suitable habitats for disease vectors. Overall, however, progress has been of an ad hoc nature.

E. Extending understanding of cumulative effects of chemicals

26. In response to the United Nations Conference on Environment and Development, an Intergovernmental Forum on Chemical Safety (IFCS) was established in 1994 to facilitate cooperation between Governments, and intergovernmental and non-governmental organizations. At its first meeting in Stockholm in 1994, IFCS recommended that 200 additional chemicals should be targeted for evaluation of potential effects on health and the environment by 1997 and, if this target was met, that another 300 chemicals be evaluated by the year 2000.

27. In response to the need expressed in chapter 19 of Agenda 21 to produce guidelines for acceptable exposure to a greater number of chemicals, the Joint FAO/WHO Expert Committee on Food Additives and the FAO/WHO Joint Meeting on Pesticide Residues have continued to develop guidelines for tolerable intake levels for contaminants and acceptable intake levels for pesticides, respectively. The WHO Guidelines for Drinking-water Quality have been updated and will be subjected to rolling revision procedures. WHO air quality guidelines for Europe are due in 1997, updated. Guidance values for exposure are being provided in the Environmental Health Criteria published since 1993.

28. In the field of methodology for risk assessment and for the derivation of guidelines for exposure to chemicals, work has been undertaken by the International Programme on Chemical Safety (IPCS) and the Organisation for Economic Cooperation and Development (OECD) in a coordinated manner to promote the development, improvement and harmonization of methodologies for risk assessment as well as for toxicity testing.

29. A promising innovation for accelerating production of comprehensive assessments of chemicals is the development of a new concise series of risk assessment documents based on high-quality national reviews. A pilot phase for Concise International Chemical Assessment Documents (CICADs) is being undertaken on 21 chemicals.

F. Environmental determinants of emerging (and re-emerging) diseases

30. The Commission on Sustainable Development's decision to focus on emerging diseases reflects a consensus that the battle against infectious disease is far from won, as attested by both the occurrence of "new" diseases, never before seen in human beings, and the resurgence of diseases thought to be on the decline.[4] In 1995, WHO established the Division of Emerging and other Communicable Diseases Surveillance and Control (EMC). Its mission is to strengthen national and international capacity in the surveillance and control of communicable diseases, including those that represent new, emerging or re-emerging public health problems.

31. Recognizing that environmental factors, for example, land use and water management, often play an important role in disease epidemiology and risk, the United Nations Development Programme (UNDP)/World Bank/WHO Special Programme for Research and Training in Tropical Diseases (TDR) has, since 1994, been funding research that seeks means for reducing the impact of development projects on the risk for tropical diseases, in particular malaria, schistosomiasis, leishmaniasis and onchocerciasis. FAO is participating in this activity and promoting the inclusion of human health aspects of land use in research and education (for example, as it pertains to the quantification, possibly economic, of the malaria risk component).

IV. UNFULFILLED EXPECTATIONS

A. Incorporating health in sustainable development plans

The first principle of the Rio Declaration has yet to be translated into action

32. The "health gap" has widened since Rio, owing to the growing number of extremely poor people in the world, and the growing gap between rich and poor, between educated and uneducated, and between men and women, in developed and less developed countries, as documented in WHO's The World Health Report 1995: Bridging the Gaps.[5]

33. The pursuit of health is a never-ending one, and is to be engaged in on many fronts, as reflected in Agenda 21, but results to date reveal that unacceptably slow progress is being made. Health is still too often understood only in terms of medical care services, and in many countries, health is seen as the responsibility solely of the ministry of health. Even major issue papers prepared within the United Nations system, for example on the environment and rural development, neglect the human health dimension. Furthermore, highly relevant inter-agency programmes are being undermined by the growing pressure on individual agencies to withdraw their support and participation in light of current budget constraints and competing priorities.

34. As a consequence of various economic reforms, including structural adjustment, government-provided social services have been cut back in many countries. The health sector has not been spared. Growing financial

constraints have led to health sector reforms, but these have largely been restricted to ensuring the financial viability of curative services and the development of private care services. In the process, public health has been neglected along with the contribution of other sectors to health.

B. Incorporating health in environmental impact assessments

35. The integration of health impact assessment into environmental impact assessment (EIA) is not taking place as recommended by the Commission on Sustainable Development, in spite of the few promising developments mentioned above. It is being held up by various bottlenecks. The donor agencies that have made loans and grants conditional on EIA have done relatively little to broaden the health dimension of their assessment methodologies. Desk officers are geared to conservation and global environmental issues, and their health counterparts have not moved beyond the delivery of health-care services.

36. There are conservative factors that are connected with the workings of the national Governments themselves, including their ministries of health. Development projects with known negative social and health impact have been approved by planning ministries. The lack of analytic capacity within most ministries handicaps their participation as full partners in the intersectoral negotiations that must take place in any serious EIA exercise.

V. EMERGING PRIORITIES

37. The overriding goal for the future must remain the incorporation of health in national sustainable development plans. To recognize that human health is interwoven with development plans in a multifaceted manner, as exemplified by the diversity of objectives to be covered in achieving this goal, is to recognize equally that there is no single strategy to be pursued. As clearly specified in chapter 6 of Agenda 21, "countries ought to develop plans for priority actions, drawing on the programme areas in this chapter, which are based on cooperative planning by the various levels of government, non-governmental organizations and local communities" (para. 6.1).

38. At this stage in the implementation of Agenda 21, the Commission on Sustainable Development should reaffirm its commitment to the incorporation of health in national sustainable development plans, as called for by the first principle of the Rio Declaration, while giving priority to areas where it has the greatest influence. Three priorities are proposed: (a) improving the understanding of the relationship between health and social, economic and environmental driving forces, (b) incorporating health in environmental impact assessments and (c) strengthening the role of local government.

A. Improving the understanding of the relationship between health and social, economic and environmental driving forces

39. Human health has always been strongly influenced by social, economic and environmental factors. However, whereas in the past these factors were largely determined by driving forces operating locally, today these forces are both local and global in nature. Our understanding of them is not very advanced, despite continuing study. Ignorance of the various ways that health is influenced by these driving forces may be one reason for the health sector's isolation and lack of influence in national and global policy-making. However, growing public and policy maker awareness of the strong relationship among human health, the environment and development is occurring, as exemplified in several of the points covered above.

40. In order to build on this growing understanding, the Commission on Sustainable Development should focus on the relationship between human health and selected issues of its agenda, for example, consumption and production patterns, including trade, employment and sustainable livelihoods, and energy and transport. It may wish as well to incorporate within this priority certain areas whose importance it has already highlighted, in particular expansion of the understanding of the cumulative effects of chemicals, and environmental determinants of emerging and re-emerging diseases.

B. Incorporating health in environmental impact assessments

41. This objective, which was highlighted in the decision of the Commission on Sustainable Development in 1994, remains one of the key pillars with respect to placing human beings "at the centre of concerns for sustainable development". As long as Governments and supporting bilateral and multilateral donor agencies continue to ignore the health impact of development projects, they are in effect saying no to human development. This is an issue whose ramifications go well beyond the question of what the health sector can hope to achieve on its own without the support of all of its partners, and is thus most suitable for continuing emphasis by the Commission on Sustainable Development.

C. Strengthening the role of local government

42. In many countries, city problems were often assumed to be the responsibility of national or provincial/state agencies. One of the critical changes that occurred between the first United Nations Conference on Human Settlements in 1976 and the second, (Habitat II) in 1996, has been the shift in emphasis away from what national Governments should do to how national and provincial Governments should support the efforts and initiatives of those living and working in cities. The United Nations conferences after Rio (the International Conference on Population and Development (Cairo, 1994); the World Summit for Social Development (Copenhagen, 1995); and the Fourth World Conference on Women (Beijing, 1995)) all contributed to this stronger local emphasis. This includes supporting the efforts of city and municipal authorities and of individual households, community organizations,

non-governmental organizations and private sector institutions. Agenda 21 fully supported this development, particularly when it called on local authorities to undertake a consultative process to achieve "a consensus on 'a local Agenda 21' for the community". The growing number of local agenda 21 programmes is proof of the operational viability of Agenda 21; less clear perhaps is how the international community can harness this energy to bring about comparable changes at all levels of society. The Commission on Sustainable Development should actively continue to promote these initiatives and develop mechanisms that keep in sharp focus all of the important dimensions of sustainable development, including that of human health.

Notes

[1] Report of the United Nations Conference on Environment and Development, vol. I, Resolutions Adopted by the Conference (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex II.

[2] Ibid., annex I.

[3] See Report of the United Nations Conference on Human Settlements (Habitat II), Istanbul, 3-14 June 1996 (A/CONF.165/14), chap. I, resolution 1, annex II, "The Habitat Agenda".

[4] The World Health Report of 1996: Fighting Disease/Fostering Development (Geneva, Who, 1996) reports on the current infectious disease threats and the actions needed for their control.

[5] Geneva, Who, 1995.